

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530774

FILING DATE

APPLICANT(S)

CLAIMS

11.17.05

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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46	/		/			
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49	/		/			
50						
TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	45	←	16	←		←
TOTAL CLAIMS	49		19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						